

Form 3. Application for Allowance of Appeal from the Small Claims and Conciliation Branch of the Civil Division.

DISTRICT OF COLUMBIA COURT OF APPEALS

Applicant

(Address)

No. _____

v.

Respondent

(Address)

**APPLICATION FOR ALLOWANCE OF APPEAL
FROM THE SMALL CLAIMS AND CONCILIATION BRANCH
OF THE CIVIL DIVISION OF THE
SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

1. Applicant was the ☐ plaintiff (or) ☐ defendant in the case below and seeks to appeal the decision (ruling) entered on the _____ day of _____ 20____, in the Small Claims Branch in case number _____. The case below was captioned:

2. The decision was made by a: ☐ Judge ☐ Jury

3. The name of the trial judge. Please note that you may only seek review in this court of a final decision of a judge; if the decision was made by a magistrate judge you must first file for review by a judge in the Small Claims Division. _____

4. Description of case filed below (indicate the amount of judgment and why the lawsuit was filed): _____

5. The ruling made by the judge: _____

6. State why the Court of Appeals should accept this application. Specifically, state how the trial court erred in making its decision or what important issue the application raises that the Court of Appeals has not yet decided but should decide. State these points as simply and specifically as possible and include facts and evidence necessary for the court to consider them. Attach additional pages if necessary:

 Applicant/Attorney (all but natural persons
 representing themselves must be represented by
 counsel)

 Address

 Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have mailed a copy of this application, postage prepaid, to
 _____ this _____ day of
 _____, 20____.

 Applicant/Attorney